

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>CHUB-125680678</i>                         | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>Filing Company:</i>          | <i>Federal Insurance Company</i>              | <i>State Tracking Number:</i> | <i>#371385 \$50</i>  |
| <i>Company Tracking Number:</i> | <i>EO AR0041710F01</i>                        |                               |  |
| <i>TOI:</i>                     | <i>17.2 Other Liability - Occurrence Only</i> | <i>Sub-TOI:</i>               | <i>17.2019 Professional Errors &amp; Omissions Liability</i> |
| <i>Product Name:</i>            | <i>MediaGuard by Chubb Walterry TVR</i>       |                               |  |
| <i>Project Name/Number:</i>     | <i>MediaGuard by Chubb Walterry TVR/417</i>   |                               |  |

## Filing at a Glance

Company: Federal Insurance Company

Product Name: MediaGuard by Chubb Walterry SERFF Tr Num: CHUB-125680678 State: Arkansas

TVR

TOI: 17.2 Other Liability - Occurrence Only

SERFF Status: Closed

State Tr Num: #371385 \$50

Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Co Tr Num: EO AR0041710F01

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Edith Roberts

Authors: Donna Daigle, Desirae Bartlett, Debra West, Christina Cresenzi

Disposition Date: 06/26/2008

Date Submitted: 06/20/2008

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New):

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: MediaGuard by Chubb Walterry TVR

Status of Filing in Domicile: Pending

Project Number: 417

Domicile Status Comments:

Reference Organization: na

Reference Number: na

Reference Title: na

Advisory Org. Circular: na

Filing Status Changed: 06/26/2008

State Status Changed: 06/26/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

In accordance with the laws of the state of Arkansas, we are making this filing for our previously filed MEDIAGUARDSM by Chubb for the TV & Radio Risk Purchasing Group.

MEDIAGUARDSM by Chubb policy is designed to meet the professional liability needs of insureds with varying media

SERFF Tracking Number: CHUB-125680678 State: Arkansas

Filing Company: Federal Insurance Company State Tracking Number: #371385 \$50

Company Tracking Number: EO AR0041710F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Product Name: MediaGuard by Chubb Walterry TVR

Project Name/Number: MediaGuard by Chubb Walterry TVR/417

exposures. This product protects our clients from claims arising out of the gathering and dissemination. Various types of insureds include Advertisers, Advertising Agencies, Authors, Publishers, Broadcasters, Music, Video/Film Producers, Distributors and Multimedia risks.

## Company and Contact

### Filing Contact Information

Christina Cresenzi, Industry Filer ccrenzeni@chubb.com  
 82 Hopmeadow Street (860) 408-2380 [Phone]  
 Simsbury, CT 06070-7683 (860) 408-2047[FAX]

### Filing Company Information

Federal Insurance Company CoCode: 20281 State of Domicile: Indiana  
 202 Hall's Mill Road Group Code: 38 Company Type:  
 P.O. Box 1650  
 Whitehouse Station, NJ 08889-1650 Group Name: State ID Number:  
 (908) 572-4726 ext. [Phone] FEIN Number: 13-1963496  
 -----

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 for forms  
 Per Company: No

| COMPANY                   | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------|--------|----------------|---------------|
| Federal Insurance Company | \$0.00 | 06/20/2008     |               |

| CHECK NUMBER | CHECK AMOUNT | CHECK DATE |
|--------------|--------------|------------|
| 00371385     | \$50.00      | 06/10/2008 |

|                                 |   |                               |  |
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| <i>Filing Company:</i>          | <i>Federal Insurance Company</i>              | <i>State Tracking Number:</i> | <i>#371385 \$50</i>  |
| <i>Company Tracking Number:</i> | <i>EO AR0041710F01</i>                        |                               |  |
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| <i>Product Name:</i>            | <i>MediaGuard by Chubb Walterry TVR</i>       |                               |  |
| <i>Project Name/Number:</i>     | <i>MediaGuard by Chubb Walterry TVR/417</i>   |                               |  |

## Correspondence Summary

### Dispositions

| <b>Status</b> | <b>Created By</b> | <b>Created On</b> | <b>Date Submitted</b> |
|---------------|-------------------|-------------------|-----------------------|
| Approved      | Edith Roberts     | 06/26/2008        | 06/26/2008            |

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>CHUB-125680678</i>                         | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>Filing Company:</i>          | <i>Federal Insurance Company</i>              | <i>State Tracking Number:</i> | <i>#371385 \$50</i>  |
| <i>Company Tracking Number:</i> | <i>EO AR0041710F01</i>                        |                               |  |
| <i>TOI:</i>                     | <i>17.2 Other Liability - Occurrence Only</i> | <i>Sub-TOI:</i>               | <i>17.2019 Professional Errors &amp; Omissions Liability</i> |
| <i>Product Name:</i>            | <i>MediaGuard by Chubb Walterry TVR</i>       |                               |  |
| <i>Project Name/Number:</i>     | <i>MediaGuard by Chubb Walterry TVR/417</i>   |                               |  |

## Disposition

Disposition Date: 06/26/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CHUB-125680678 State: Arkansas

Filing Company: Federal Insurance Company State Tracking Number: #371385 \$50

Company Tracking Number: EO AR0041710F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Product Name: MediaGuard by Chubb Walterry TVR

Project Name/Number: MediaGuard by Chubb Walterry TVR/417

| Item Type           | Item Name   | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty  | Approved    | Yes           |
| Form                | MediaGuard by Chubb Walterry - New Business Application - Television and Radio Risk Purchasing Group Public Broadcasting Stations                 | Approved    | Yes           |
| Form                | MediaGuard by Chubb Walterry - New Business Application - Television and Radio Risk Purchasing Group Producers of Public Broadcasting Programming | Approved    | Yes           |
| Form                | MediaGuard by Chubb Walterry - Renewal Application - Television and Radio Risk Purchasing Group Public Broadcasting Stations                      | Approved    | Yes           |
| Form                | MediaGuard by Chubb Walterry - Renewal Application - Television and Radio Risk Purchasing Group Producers of Public Broadcasting Programming      | Approved    | Yes           |

SERFF Tracking Number: CHUB-125680678 State: Arkansas

Filing Company: Federal Insurance Company State Tracking Number: #371385 \$50

Company Tracking Number: EO AR0041710F01

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2019 Professional Errors & Omissions Liability

Product Name: MediaGuard by Chubb Walterry TVR

Project Name/Number: MediaGuard by Chubb Walterry TVR/417

## Form Schedule

| Review Status | Form Name   | Form #     | Edition Date | Form Type Action                   | Action Specific Data | Readability | Attachment     |
|---------------|---|------------|--------------|------------------------------------|----------------------|-------------|----------------|
| Approved      | MediaGuard by Chubb Walterry - New Business Application - Television and Radio Risk Purchasing Group Public Broadcasting Stations                 | 14-03-0903 | 04-2008      | Application/ New Binder/Enrollment |                      | 0.00        | 14-03-0903.pdf |
| Approved      | MediaGuard by Chubb Walterry - New Business Application - Television and Radio Risk Purchasing Group Producers of Public Broadcasting Programming | 14-03-0904 | 04-2008      | Application/ New Binder/Enrollment |                      | 0.00        | 14-03-0904.pdf |
| Approved      | MediaGuard by Chubb Walterry - Renewal Application - Television and Radio Risk Purchasing Group Public Broadcasting Stations                      | 14-03-0909 | 04-2008      | Application/ New Binder/Enrollment |                      | 0.00        | 14-03-0909.pdf |
| Approved      | MediaGuard by   | 14-03-     | 04-2008      | Application/ New                   |                      | 0.00        | 14-03-         |

|                          |  |                        |   |
|--------------------------|--|------------------------|---|
| SERFF Tracking Number:   | CHUB-125680678                         | State:                 | Arkansas  |
| Filing Company:          | Federal Insurance Company              | State Tracking Number: | #371385 \$50                                      |
| Company Tracking Number: | EO AR0041710F01                        |                        |   |
| TOI:                     | 17.2 Other Liability - Occurrence Only | Sub-TOI:               | 17.2019 Professional Errors & Omissions Liability |

Product Name: MediaGuard by Chubb Walterry TVR  
Project Name/Number: MediaGuard by Chubb Walterry TVR/417

|                       |             |          |
|-----------------------|-------------|----------|
| Chubb Walterry - 0910 | Binder/Enro | 0910.pdf |
| Renewal               | llment      |          |
| Application -         |             |          |
| Television and        |             |          |
| Radio Risk            |             |          |
| Purchasing            |             |          |
| Group Producers       |             |          |
| of Public             |             |          |
| Broadcasting          |             |          |
| Programming           |             |          |







Chubb Group of Insurance Companies  
15 Mountain View Rd.  
Warren, NJ 07059

**MEDIAGUARD<sup>SM</sup> by CHUBB**  
Television and Radio Risk Purchasing Group  
Public Broadcasting Stations  
New Business Application

**BY COMPLETING THIS NEW BUSINESS APPLICATION THE APPLICANT IS APPLYING  
FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

**NOTICE: THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY "DEFENSE COSTS," AND "DEFENSE COSTS" WILL BE APPLIED AGAINST THE APPLICABLE RETENTION AMOUNT. THE COVERAGE AFFORDED UNDER THIS POLICY DIFFERS IN SOME RESPECTS FROM THAT AFFORDED UNDER OTHER POLICIES. READ THE ENTIRE NEW BUSINESS APPLICATION CAREFULLY BEFORE SIGNING.**

**APPLICATION INSTRUCTIONS:**

1. Whenever used in this Application, unless otherwise stated, the term "**Applicant**" means the Parent Organization and all of its Subsidiaries.
2. Include all requested underwriting information and attachments. Please provide a complete response to all questions and attach additional pages if necessary.
3. Please return completed Application to: **Waltery Insurance Brokers**  
7411 Old Branch Avenue, Clinton, Maryland 20735  
301-868-7200 • 800-638-8791 • Fax 301-868-2611  
Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

**I. GENERAL APPLICANT INFORMATION:**

1. Legal Name of **Applicant** (if corporation, corporate name; if partnership, name of partners and trade name of partnership; if individual, name of owner):  
\_\_\_\_\_  
\_\_\_\_\_
2. Address of **Applicant**: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. The **Applicant** is: ☐ Individual ☐ Corporation ☐ Partnership  
☐ Other: \_\_\_\_\_
4. Name and Address of Primary Contact: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**II. GENERAL POLICY INFORMATION:**

1. Limits of Liability desired:  
Each Claim or Related Claim: \$ \_\_\_\_\_  
Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ \_\_\_\_\_
2. Retention Amount desired for each Claim or Related Claim:  
☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ Other: \$ \_\_\_\_\_
3. Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.
4. Please provide the date founded: \_\_\_\_\_  
If less than five years, please attach detailed resumes of senior management.



5. Call letters of stations:

|       | CALL LETTERS | ANNUAL OPERATING BUDGET<br>(per station) | AVERAGE POPULATION SERVED<br>(per station) |
|-------|--------------|--|--|
| TV    |              |  |  |
| RADIO |              |  |  |

6. Translators: **All translators must be listed in order for coverage to apply.**

a. Does the **Applicant** own any translator stations? ☐ Yes ☐ No

If Yes, state name and address of each:

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b. Has the **Applicant** contracted with any translator to provide a signal? ☐ Yes ☐ No

If Yes, state name and address of each:

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7. Please complete the following with regard to the **Applicant's** programming:

a. Average number of total hours broadcast each week (each station): \_\_\_\_\_

b. Average number of hours of original programming distributed to others each week (each station): \_\_\_\_\_

c. Is the **Applicant** part of any city, state or private public broadcast consortium or network? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

Does the consortium or network provide their own coverage? ☐ Yes ☐ No

d. Does the **Applicant** require indemnification agreements from independent producers that produce programming for **Applicant**? ☐ Yes ☐ No

If No, explain: \_\_\_\_\_

8. Is optional coverage for contingent errors and omissions desired? ☐ Yes ☐ No

9. Is optional coverage for teleconferencing desired? ☐ Yes ☐ No

10. Will any revenues be derived from the sale of books or periodicals? ☐ Yes ☐ No

If Yes, please provide:

a. Estimated amount of revenues: \$ \_\_\_\_\_



b. Name of Publication: \_\_\_\_\_

11. Is the **Applicant** involved in any form of electronic information exchange through the Internet, a commercial on-line service or any electronic bulletin board system? ☐ Yes ☐ No

If Yes, attach description of activities.

12. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? \_\_\_\_\_%

13. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? \_\_\_\_\_%

**III. PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:**

1. a. Does the **Applicant** have media liability insurance currently in force? ☐ Yes ☐ No

- b. Has any similar insurance been issued to the **Applicant** or any of the **Applicant's** stations during the past five (5) years? ☐ Yes ☐ No

If Yes to either, complete the chart below for the past five (5) years:

| LIABILITY INSURER | POLICY PERIOD | LIMITS   | DEDUCTIBLE | PREMIUM  | # CLAIMS |
|-------------------|---------------|----------|------------|----------|----------|
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |

**2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

- Has the **Applicant** ever had an application for media liability insurance declined, or had a media liability policy canceled or non-renewed by an insurer? ☐ Yes ☐ No

If Yes, please attach an explanation.

3. In the past ten (10) years, has the Applicant or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? ☐ Yes ☐ No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

4. Please attach a list (including the status) of all media liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: ☐ None

5. After inquiry, do any of the principals, partners, officers, directors, or employees of the Applicant or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance? ☐ Yes ☐ No

If Yes, please attach a description which provides full details.

**Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 3, 4 and 5 above is excluded from the proposed insurance.**



**Chubb Group of Insurance Companies**  
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**MEDIAGUARD<sup>SM</sup> by CHUBB**  
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Public Broadcasting Stations  
New Business Application

#### **IV. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

#### **V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

The Applicant's submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

**Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



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***MEDIAGUARD<sup>SM</sup>* by CHUBB**  
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New Business Application

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date

Signature\*

Title

Chief Executive Officer

\*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

**Waltery Insurance Brokers**

7411 Old Branch Avenue, Clinton, Maryland 20735  
301-868-7200 • 800-638-8791 • Fax 301-868-2611  
Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Do Not Complete-Waltery Use Only***

|               |  |                 |  |
|---------------|--|-----------------|--|
| Date Paid:    |  | Policy Number:  |  |
| Amount Paid:  |  | Annual Premium: |  |
| Check Number: |  | Policy Dates:   |  |



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Television and Radio Risk Purchasing Group  
Producers of Public Broadcasting Programming  
New Business Application

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Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

**I. GENERAL APPLICANT INFORMATION:**

1. Legal Name of **Applicant** (if corporation, corporate name; if partnership, name of partners and trade name of partnership; if individual, name of owner):  
\_\_\_\_\_  
\_\_\_\_\_
2. Address of **Applicant**: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. The **Applicant** is: ☐ Individual ☐ Corporation ☐ Partnership  
☐ Other: \_\_\_\_\_
4. Name and Address of Primary Contact: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**II. GENERAL POLICY INFORMATION:**

1. Limits of Liability desired:  
Each Claim or Related Claim: \$ \_\_\_\_\_  
Aggregate for all Claims, Related Claims and Covered Subpoenas: \$ \_\_\_\_\_
2. Retention Amount desired for each Claim or Related Claim:  
☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ \$50,000 ☐ Other: \$ \_\_\_\_\_
3. Policy Period Requested: From \_\_\_\_\_ to \_\_\_\_\_ both days at 12:01 a.m. at the principal address of the **Applicant**.
4. Please provide the year established: \_\_\_\_\_  
If less than five years, please attach detailed resumes.
5. Please answer the following questions regarding the **Applicant's** programming:



**Chubb Group of Insurance Companies**  
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**MEDIAGUARD<sup>SM</sup> by CHUBB**  
Television and Radio Risk Purchasing Group  
Producers of Public Broadcasting Programming  
New Business Application

- a. Anticipated operating budget for the coming year with respect to programming: \$ \_\_\_\_\_
- b. Number of hours of originally produced programming by the **Applicant** per week: \_\_\_\_\_
- c. Number of hours of originally produced programming by others per week: \_\_\_\_\_
- d. Number of stations to which programming is distributed: \_\_\_\_\_
- e. Type of programming for the coming year (please provide approximate percentages for each):  
News \_\_\_\_\_% Documentary \_\_\_\_\_% Sports \_\_\_\_\_% Investigative Series \_\_\_\_\_%  
Cultural \_\_\_\_\_% Educational \_\_\_\_\_% Other (describe): \_\_\_\_\_%
6. If coverage is desired for a single production or series, please complete the following:
- a. Title of production/series to be insured: \_\_\_\_\_
- b. Number of segments per week: \_\_\_\_\_
- c. Number of minutes per segment: \_\_\_\_\_
- d. Name of producer: \_\_\_\_\_
- e. Name of executive producer: \_\_\_\_\_
- f. Name of author or writer: \_\_\_\_\_
7. Please answer the following questions about the **Applicant's** procedures:
- a. Have all licenses and consents been obtained:
- (i) From copyright owners? ☐ Yes ☐ No
- (ii) From music owners? ☐ Yes ☐ No
- (iii) From performers or persons appearing in the film? ☐ Yes ☐ No
- (iv) From writers and/or others? ☐ Yes ☐ No
- b. Have musical rights been obtained? ☐ Yes ☐ No
- (i) Including recording and synchronization rights? ☐ Yes ☐ No
- (ii) Including performing rights? ☐ Yes ☐ No
- c. Will clearances be obtained if the name, voice or style of any living person is used or if any living person is portrayed (with or without use of name or likeness) in production? ☐ Yes ☐ No
- d. Will clearances be obtained if any previously made video or film clips are used in production? ☐ Yes ☐ No
- e. Does the **Applicant** require indemnification agreements from independent producers that provide programming to the **Applicant**? ☐ Yes ☐ No
- f. Name of in-house counsel: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Years of experience in media law: \_\_\_\_\_
- g. Name of outside counsel: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Years of experience in media law: \_\_\_\_\_
- h. **Please explain any "No" responses to the above questions:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Chubb Group of Insurance Companies**  
15 Mountain View Rd.  
Warren, NJ 07059

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Television and Radio Risk Purchasing Group  
Producers of Public Broadcasting Programming  
New Business Application

8. Please list previous production works: \_\_\_\_\_
9. Is optional coverage for contingent errors and omissions desired? ☐ Yes ☐ No
10. Is optional coverage for teleconferencing desired? ☐ Yes ☐ No
11. a. Is the **Applicant** aware that the coverage the **Applicant** is applying for responds only to programming distributed for non-commercial use? ☐ Yes ☐ No
- b. Is optional coverage for commercial distribution desired? ☐ Yes ☐ No
12. Is the **Applicant** involved in any form of electronic information exchange through the Internet, a commercial on-line service or any electronic bulletin board system? ☐ Yes ☐ No
- If Yes, attach description of activities.
13. What percentage (%) of the content of the Covered Media is derived from news or feature syndications, or wire services? \_\_\_\_\_%
14. What percentage (%) of the content of the Covered Media is supplied by stringers, freelancers, or other non-employees? \_\_\_\_\_%

**III. PRIOR INSURANCE, LOSS HISTORY AND PRIOR KNOWLEDGE:**

1. a. Does the **Applicant** have producers liability insurance currently in force? ☐ Yes ☐ No
- b. Has the **Applicant** purchased any prior producers liability insurance on any production requesting coverage under this proposed policy? ☐ Yes ☐ No

If Yes to either, complete the chart below for the past five (5) years:

| LIABILITY INSURER | POLICY PERIOD | LIMITS   | DEDUCTIBLE | PREMIUM  | # CLAIMS |
|-------------------|---------------|----------|------------|----------|----------|
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |
| _____             | _____         | \$ _____ | \$ _____   | \$ _____ | _____    |

**2. MISSOURI APPLICANTS/AGENTS - DO NOT ANSWER QUESTION 2.**

Has the **Applicant** ever had an application for producer liability insurance declined, or had a producer liability policy canceled or non-renewed by an insurer? ☐ Yes ☐ No

If Yes, please attach an explanation.

3. In the past ten (10) years, has the **Applicant** or any of its subsidiaries been sued, threatened with suit or received a claim for any act, error, or omission relating to the gathering, production, dissemination or communication of information, including but not limited to libel, slander, any form of invasion of privacy or misappropriation of name or likeness, infringement of copyright or trademark, infliction of emotional distress, false arrest, wrongful entry, or trespass? ☐ Yes ☐ No

If Yes, please attach a description detailing the circumstances of each suit, threat of suit or claim, including the identity of the claimant, the factual and legal basis for the claim, and the disposition.

4. Please attach a list (including the status) of all producer liability claims made during the past five (5) years against the **Applicant** or any of its subsidiaries, or any director, officer, employee, partner, agent or independent contractor of the **Applicant**, or any director, officer, employee, partner, agent or independent contractor of any of its subsidiaries.

If none, please check here: ☐ None





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New Business Application

5. After inquiry, do any of the principals, partners, officers, directors, or employees of the **Applicant** or any other proposed insured have knowledge or information about any act, error or omission which might reasonably be expected to give rise to a future claim which would fall within the scope of the proposed insurance?

☐ Yes ☐ No

If Yes, please attach a description which provides full details.

**Without prejudice to any other rights and remedies of the Company, any claim arising from any Claims, facts, circumstances or situations required to be disclosed in response to 3, 4 and 5 above is excluded from the proposed insurance.**

**IV. MATERIAL CHANGE:**

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Company in writing, and any outstanding quotation may be modified or withdrawn.

**V. DECLARATIONS, FRAUD WARNINGS AND SIGNATURES:**

The Applicant's submission of this Application does not obligate the Company to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Application for coverage is accepted. The Applicant hereby authorizes the Company to make any inquiry in connection with this Application.

The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Application and any attachments or information submitted with this Application, are true and complete. The undersigned agree that this Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Application, its attachments, and such other information submitted therewith in issuing such policy.

The information provided in this Application is for underwriting purposes only and does not constitute notice to the Company under any policy of a Claim or potential Claim.

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New Business Application

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Date

Signature\*

Title

Chief Executive Officer

\*This Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

**Walterry Insurance Brokers**

7411 Old Branch Avenue, Clinton, Maryland 20735  
301-868-7200 • 800-638-8791 • Fax 301-868-2611  
Web site [www.walterry.com](http://www.walterry.com) • Email [media@walterry.com](mailto:media@walterry.com)

Produced By:

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_  
Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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|               |  |                 |  |
|---------------|--|-----------------|--|
| Date Paid:    |  | Policy Number:  |  |
| Amount Paid:  |  | Annual Premium: |  |
| Check Number: |  | Policy Dates:   |  |



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Warren, NJ 07059

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Public Broadcasting Stations Renewal Application

**BY COMPLETING THIS RENEWAL APPLICATION THE APPLICANT IS APPLYING  
FOR COVERAGE WITH FEDERAL INSURANCE COMPANY (THE "COMPANY")**

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**RENEWAL APPLICATION INSTRUCTIONS:**

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3. Please return completed Renewal Application to: **Walterry Insurance Brokers**  
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Web site [www.walterry.com](http://www.walterry.com) • Email [media@walterry.com](mailto:media@walterry.com)

**I. CURRENT APPLICANT INFORMATION:**

Expiration Date: \_\_\_\_\_ Expiring Policy #: \_\_\_\_\_ Account #: \_\_\_\_\_

Name & Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Covered Stations

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Policy Liability Limit: \_\_\_\_\_ Retention Amount: \_\_\_\_\_

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|              |  |                       |  |
|--------------|--|-----------------------|--|
| Date Paid    |  | Renewal Policy Number |  |
| Amount Paid  |  | Renewal Premium       |  |
| Check Number |  | Renewal Dates         |  |



**II. GENERAL POLICY INFORMATION:**

1. Has any actual or threatened claim or suit been made against the **Applicant**, or the **Applicant's** stations, which has not been reported to the Company? ☐ Yes ☐ No

If Yes, explain:

2. How long has the **Applicant** been in operation? \_\_\_\_\_
3. Does the **Applicant** utilize an experienced law firm to review sensitive subject matter prior to broadcast? ☐ Yes ☐ No

4. a. Estimated annual gross revenues: \$ \_\_\_\_\_
- b. Population served: \_\_\_\_\_

5. Does the **Applicant** have a web site? ☐ Yes ☐ No
- If Yes, web site address: \_\_\_\_\_

6. Has the name of the **Applicant** changed or has any other firm or organization combined with or been merged into the **Applicant** since the submission date of the last application submitted to the Company? ☐ Yes ☐ No

7. Is there any pending change in the name of the **Applicant** or pending or contemplated merger? ☐ Yes ☐ No
- If Yes, please give full particulars, including a list of all predecessor firms for which the **Applicant** wants coverage (attach a separate addendum if necessary):

8. Since the submission date of the last Application submitted to the Company, have there been any changes to the **Applicant's** organization or management structure, or the percentage (%) of Covered Media derived or supplied from news or feature syndications, wire services, stringers, freelancers, or other non-employees? ☐ Yes ☐ No

If Yes, please provide full particulars in a separate addendum.

9. \_\_\_\_\_ **Renew policy with no changes (Skip to signature line)**

\_\_\_\_\_ **Renew policy with following changes (Indicate changes below)**

- a. Change name, address to: \_\_\_\_\_
- b. Change contact numbers to: phone: \_\_\_\_\_ fax: \_\_\_\_\_
- c. Change e-mail address to: \_\_\_\_\_
- d. Change policy limit to: \$ \_\_\_\_\_
- e. Change policy retention to: \$ \_\_\_\_\_
- f. Changes to broadcasting stations:

| Add/Delete/Correct | Change Date | Station Call Letters | Annual Operating Budget |
|--------------------|-------------|----------------------|-------------------------|
|                    |             |                      |                         |
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### III. MATERIAL CHANGE:

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The undersigned authorized agents of the person(s) and entity(ies) proposed for this insurance declare to the best of their knowledge and belief, after reasonable inquiry, the statements made in this Renewal Application and any attachments or information submitted with this Renewal Application, are true and complete. The undersigned agree that this Renewal Application and its attachments shall be the basis of a contract should a policy providing the requested coverage be issued and shall be deemed to be attached to and shall form a part of any such policy. The Company will have relied upon this Renewal Application, its attachments, and such other information submitted therewith in issuing such policy.

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Date

Signature\*

Title

Chief Executive Officer

\*This Renewal Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

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Web site [www.walterry.com](http://www.walterry.com) • Email [media@walterry.com](mailto:media@walterry.com)

**Produced By:**

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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|               |  |                 |  |
|---------------|--|-----------------|--|
| Date Paid:    |  | Policy Number:  |  |
| Amount Paid:  |  | Annual Premium: |  |
| Check Number: |  | Policy Dates:   |  |



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Warren, NJ 07059

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Renewal Application

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Name & Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Covered Media

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Policy Liability Limit: \_\_\_\_\_ Retention Amount: \_\_\_\_\_

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|              |  |                       |  |
|--------------|--|-----------------------|--|
| Date Paid    |  | Renewal Policy Number |  |
| Amount Paid  |  | Renewal Premium       |  |
| Check Number |  | Renewal Dates         |  |



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If Yes, explain:

2. How long has the **Applicant** been in operation? \_\_\_\_\_
3. Does the **Applicant** utilize an experienced law firm to review sensitive subject matter prior to broadcast? ☐ Yes ☐ No

4. a. Anticipated operating budget for the coming year with respect to programming: \$ \_\_\_\_\_
- b. Number of hours of originally produced programming by the **Applicant** per week: \_\_\_\_\_
- c. Number of hours of originally produced programming by others per week: \_\_\_\_\_
- d. Number of stations to which programming is distributed: \_\_\_\_\_

5. Does the **Applicant** have a web site? ☐ Yes ☐ No

If Yes, web site address: \_\_\_\_\_

6. Has the name of the **Applicant** changed or has any other firm or organization combined with or been merged into the **Applicant** since the submission date of the last application submitted to the Company? ☐ Yes ☐ No

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- e. Change policy retention to: \$ \_\_\_\_\_
- f. Changes to covered media:

| Add/Delete/Correct | Change Date | Title of Production/Series |
|--------------------|-------------|----------------------------|
|                    |             |                            |
|                    |             |                            |





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Television and Radio Risk Purchasing Group  
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Renewal Application

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**Notice to Arkansas, Louisiana, Maryland, Minnesota, New Mexico and Ohio Applicants:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

**Notice to Colorado Applicants:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

**Notice to District of Columbia Applicants:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida and Oklahoma Applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of: a felony (in Oklahoma) or a felony of the third degree (in Florida).

**Notice to Kentucky Applicants:** Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act which is a crime.

**Notice to Maine, Tennessee, Virginia and Washington Applicants:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Notice to New Jersey Applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to Oregon and Texas Applicants:** Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.



**Chubb Group of Insurance Companies**  
15 Mountain View Rd.  
Warren, NJ 07059

***MEDIAGUARD<sup>SM</sup> by CHUBB***  
Television and Radio Risk Purchasing Group  
Producers of Public Broadcasting Programming  
Renewal Application

**Notice to Pennsylvania Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to Puerto Rico Applicants:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Notice to New York Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Date

Signature\*

Title

Chief Executive Officer

\*This Renewal Application must be signed by the chief executive officer of the **Applicant** acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

**Waltery Insurance Brokers**

7411 Old Branch Avenue, Clinton, Maryland 20735  
301-868-7200 • 800-638-8791 • Fax 301-868-2611  
Web site [www.waltery.com](http://www.waltery.com) • Email [media@waltery.com](mailto:media@waltery.com)

**Produced By:**

Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_ Agent License No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***Do Not Complete-Waltery Use Only***

|               |  |                 |  |
|---------------|--|-----------------|--|
| Date Paid:    |  | Policy Number:  |  |
| Amount Paid:  |  | Annual Premium: |  |
| Check Number: |  | Policy Dates:   |  |

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>CHUB-125680678</i>                         | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>Filing Company:</i>          | <i>Federal Insurance Company</i>              | <i>State Tracking Number:</i> | <i>#371385 \$50</i>  |
| <i>Company Tracking Number:</i> | <i>EO AR0041710F01</i>                        |                               |  |
| <i>TOI:</i>                     | <i>17.2 Other Liability - Occurrence Only</i> | <i>Sub-TOI:</i>               | <i>17.2019 Professional Errors &amp; Omissions Liability</i> |
| <i>Product Name:</i>            | <i>MediaGuard by Chubb Walterry TVR</i>       |                               |  |
| <i>Project Name/Number:</i>     | <i>MediaGuard by Chubb Walterry TVR/417</i>   |                               |  |

## Rate Information

Rate data does NOT apply to filing.

|                                 |   |                               |  |
|---------------------------------|---|-------------------------------|--|
| <i>SERFF Tracking Number:</i>   | <i>CHUB-125680678</i>                         | <i>State:</i>                 | <i>Arkansas</i>  |
| <i>Filing Company:</i>          | <i>Federal Insurance Company</i>              | <i>State Tracking Number:</i> | <i>#371385 \$50</i>  |
| <i>Company Tracking Number:</i> | <i>EO AR0041710F01</i>                        |                               |  |
| <i>TOI:</i>                     | <i>17.2 Other Liability - Occurrence Only</i> | <i>Sub-TOI:</i>               | <i>17.2019 Professional Errors &amp; Omissions Liability</i> |
| <i>Product Name:</i>            | <i>MediaGuard by Chubb Walterry TVR</i>       |                               |  |
| <i>Project Name/Number:</i>     | <i>MediaGuard by Chubb Walterry TVR/417</i>   |                               |  |

## Supporting Document Schedules

|                         |  |                       |          |            |
|-------------------------|--|-----------------------|----------|------------|
| <b>Satisfied -Name:</b> | Uniform Transmittal Document-Property & Casualty | <b>Review Status:</b> | Approved | 06/26/2008 |
| <b>Comments:</b>        |  |                       |          |            |
| <b>Attachments:</b>     |  |                       |          |            |
|                         | AR P&C form 417F.pdf                             |                       |          |            |
|                         | AR schedule forms 417.pdf                        |                       |          |            |

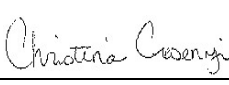
## Property &amp; Casualty Transmittal Document

|   |   |  |
|---|---|--|
| <b>1. Reserved for Insurance Dept. Use Only</b> | <b>2. Insurance Department Use only</b> |  |
|   | a. Date the filing is received:         |  |
|   | b. Analyst:                             |  |
|   | c. Disposition:                         |  |
|   | d. Date of disposition of the filing:   |  |
|   | e. Effective date of filing:            |  |
|   | New Business                            |  |
|   | Renewal Business                        |  |
|   | f. State Filing #:                      |  |
| g. SERFF Filing #:                              |   |  |
| h. Subject Codes                                |   |  |

|                                    |                     |               |               |                |
|------------------------------------|---------------------|---------------|---------------|----------------|
| <b>3. Group Name</b>               | <b>Group NAIC #</b> |               |               |                |
| Chubb Group of Insurance Companies | 0038                |               |               |                |
| <b>4. Company Name(s)</b>          | <b>Domicile</b>     | <b>NAIC #</b> | <b>FEIN #</b> | <b>State #</b> |
| Federal Insurance Company          | IN                  | 20281         | 13-1963496    |                |
|                                    |                     |               |               |                |
|                                    |                     |               |               |                |
|                                    |                     |               |               |                |
|                                    |                     |               |               |                |
|                                    |                     |               |               |                |

|                                   |                 |
|-----------------------------------|-----------------|
| <b>5. Company Tracking Number</b> | EO AR0041710F01 |
|-----------------------------------|-----------------|

## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

|  |   |                     |              |                     |
|--|---|---------------------|--------------|---------------------|
| <b>6. Name and address</b>   | <b>Title</b>  | <b>Telephone #s</b> | <b>FAX #</b> | <b>e-mail</b>       |
| Christina Cresenzi<br>82 Hopmeadow St., P.O.<br>Box 2002<br>Simsbury CT 06070-7683 | Support Specialist  | 800-464-7965        | 860-408-2047 | ccresenzi@chubb.com |
| <b>7. Signature of authorized filer</b>  |  |                     |              |                     |
| <b>8. Please print name of authorized filer</b>                                    | Christina Cresenzi  |                     |              |                     |

## Filing Information (see General Instructions for descriptions of these fields)

|   |  |
|---|--|
| <b>9. Type of Insurance (TOI)</b>   | 17.2   |
| <b>10. Sub-Type of Insurance (Sub-TOI)</b>  | 17.2019  |
| <b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b> |  |
| <b>12. Company Program Title (Marketing Title)</b>  | Media Guard by Chubb   |
| <b>13. Filing Type</b>  | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules<br><input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms<br><input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description) |
| <b>14. Effective Date(s) Requested</b>  | New:    upon approval    Renewal:  |
| <b>15. Reference Filing?</b>  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| <b>16. Reference Organization (if applicable)</b>   | N/A  |
| <b>17. Reference Organization # &amp; Title</b>   | N/A  |
| <b>18. Company's Date of Filing</b>   | June 20, 2008  |
| <b>19. Status of filing in domicile</b>   | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved  |

**Property & Casualty Transmittal Document**

|            |  |                 |
|------------|--|-----------------|
| <b>20.</b> | <b>This filing transmittal is part of Company Tracking #</b>   | EO AR0041710F01 |
| <b>21.</b> | <b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] |                 |

In accordance with the laws of the state of Arkansas, we are making this filing for our previously filed MEDIAGUARD<sup>SM</sup> by Chubb for the TV & Radio Risk Purchasing Group.

MEDIAGUARD<sup>SM</sup> by Chubb policy is designed to meet the professional liability needs of insureds with varying media exposures. This product protects our clients from claims arising out of the gathering and dissemination. Various types of Insureds include Advertisers, Advertising Agencies, Authors, Publishers, Broadcasters, Music, Video/Film Producers, Distributors and Multimedia risks.

This product was approved by your department under Filing Designation Number EO AR0040010F01, effective May 28, 2008.

SERFF Tracking # CHUB-125680678

|   |  |
|---|--|
| <b>22.</b>  | <b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.)<br>[If a state requires you to show how you calculated your filing fees, place that calculation below] |
| <p><b>Check #:</b> 00371385<br/> <b>Amount:</b> 50.00</p> <p>\$50.00 flat for forms</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p> |  |

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

|           |  |                 |
|-----------|--|-----------------|
| <b>1.</b> | <b>This filing transmittal is part of Company Tracking #</b> | EO AR0041710F01 |
|-----------|--|-----------------|

|           |   |                 |
|-----------|---|-----------------|
| <b>2.</b> | <b>This filing corresponds to rate/rule filing number</b><br>(Company tracking number of rate/rule filing, if applicable) | EO AR0041710R01 |
|-----------|---|-----------------|

| <b>3.</b> | <b>Form Name<br/>/Description/Synopsis</b>  | <b>Form #<br/>Include edition<br/>date</b> | <b>Replacement<br/>Or<br/>Withdrawn?</b>  | <b>If replacement,<br/>give form #<br/>it replaces</b> | <b>Previous state<br/>filing number,<br/>if required by state</b> |
|-----------|---|--|---|--|---|
| 01        | Walterry - New Business Application – Television and Radio Risk Purchasing Group Public Broadcasting Stations                 | 14-03-0903<br>(04/2008)                    | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 02        | Walterry - New Business Application – Television and Radio Risk Purchasing Group Producers of Public Broadcasting Programming | 14-03-0904<br>(04/2008)                    | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 03        | Walterry - Renewal Application – Television and Radio Risk Purchasing Group Public Broadcasting Stations                      | 14-03-0909<br>(04/2008)                    | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 04        | Walterry - Renewal Application – Television and Radio Risk Purchasing Group Producers of Public Broadcasting Programming      | 14-03-0910<br>(04/2008)                    | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 05        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 06        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 07        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 08        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 09        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 10        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 11        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 12        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement<br><input type="checkbox"/> Withdrawn |  |   |
| 13        |   |  | <input checked="" type="checkbox"/> New<br><input type="checkbox"/> Replacement                                       |  |   |